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ABSTRACT

This fact sheet begins with an overview of family support programs, which includes a discussion of the premises of family support programs and a list of typical program components. The remainder of the fact sheet focuses on one approach to family support, comprehensive and collaborative (C&C) services. The fact sheet underscores the need for service reform in light of the crisis-oriented and highly fragmented character and the inaccessibility of the current service system for at-risk families. It is argued that delivering family support services within a C&C framework can yield more effective results than separate uncoordinated services. The argument is based on the following tenets: (1) problems seldom occur one at a time; (2) forging supportive relationships is at the heart of the C&C process; (3) C&C services increase efficiency and effectiveness by promoting interagency awareness and ensuring better monitoring; (4) collaborative bodies are empowered politically by virtue of their collective clout; (5) C&C programs empower both the individuals and the families they serve; (6) C&C programs emphasize sustained change rather than temporary solutions; and (7) C&C programs provide a comprehensive array of prevention, treatment, and support services beyond the capacity of any single agency. Brief descriptions of five model programs (Mid-Iowa Community Action, Inc.; Denver Family Opportunity Program; Walbridge Caring Community Program; Tennessee Cares: Comprehensive Child Development Program; and Kentucky Integrated Delivery System) and five resource organizations are provided. (AC)

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Family Support Programs and Comprehensive Collaborative Services

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Overview of Family Support Programs

Family support programs began to appear in the early 1970s and are now proliferating across the country. Initially established as small, grassroots, community-based programs, they are now growing in number, size, and complexity. The National Resource Center for Family Support Programs has developed a series of Fact Sheets that provide introductions to eight different types of family support programs, including those which address issues of child abuse, family literacy, school readiness, alcohol and other drug abuse prevention, and incarcerated parents.

PREMISES OF FAMILY SUPPORT

The influence of the family on a child cannot be overestimated. The family is a child's first source of information and the primary model for how a child experiences relationships. It helps a child begin to communicate and to learn personal and cultural values and beliefs. The family teaches a child ways to live in a complex world, and it provides a child with a sense of belonging and a foundation for self-esteem. Families, and specifically parents, who are confident and effective in these responsibilities are more likely to raise healthy and productive children.

Dramatic changes have occurred in the structure and pattern of family life in the U.S. over the past 20 years. The population has become increasingly mobile, and parents often function without help from extended family. Divorce rates have risen. Many children are born to unmarried mothers or raised in a single-parent household. Others are "latchkey" children whose parents work outside the home. Family support programs have emerged in response to these changes. The settings in which they operate vary widely, as do the types of services and resources they offer to families. But all programs are geared toward a common goal: increasing the ability of families to successfully nurture their children.

Family support programs emphasize a proactive approach toward the prevention of problems. To this end, they provide supports which can enhance effective functioning within the family. At the same time, they foster a sense of family self-sufficiency and empowerment. The structured incorporation of the family into all aspects of programs to enhance a child's development sets family support programs apart from other kinds of services for families.

All family support programs are based on the following assumptions:

- Families have primary responsibility for their children's development and well-being; they need resources and supports that will enable them to fulfill that responsibility effectively.
- Healthy families are the foundation of a healthy society. Families who are unable to promote their children's development ultimately place the entire society at risk.
- Families operate as part of a total system. Children cannot be viewed as separate from their families, nor can families be viewed separately from their communities, their cultural heritage or the society at large. Decisions made on behalf of children must consider the ways in which these various systems are interconnected.
- The systems and institutions upon which families rely for support must assist families' efforts to effectively raise their children. They must adjust and coordinate their services so as not to hinder families' abilities to maintain positive environments for their children.

TYPICAL PROGRAM COMPONENTS

Family support programs operate successfully in diverse communities and settings. Many are separate, free-standing, non-profit agencies; others are sponsored by churches, hospitals, schools, day-care centers, or colleges and universities. Specific program content and structure are determined by the needs of the families being served, and are designed to complement already existing community services and resources. Most family support programs include the following:

- Life skills training. This may include family literacy, education, employment or vocational training, or enhancement of personal development skills such as a problem solving, stress reduction, and communication.
- Parent information classes and support groups. These provide instruction in child development and opportunities for parents to share their experiences and concerns with peers.

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- Parent-child groups and family activities, which provide occasions for parents to spend more time with their children
- Drop-in time to provide parents with informal opportunities to spend time with staff members and other parents
- Information and referral services
- Crisis intervention/family counseling to respond to parents' special concerns about their children or specific family issues
- Auxiliary support services such as clothing exchanges, emergency food, transportation

The Need for Service Reform

In the late 1980s a new type of family support program, geared to serving families living in poverty, began to emerge. These programs were designed in response to a service system for at-risk families that has become crisis-oriented, highly fragmented, and available only to families that meet specific eligibility requirements. These existing service systems have come under severe criticism for having clearly failed to respond to families' and children's needs.

In 1986, a working group of the President's Domestic Policy Council identified no fewer than 59 major public assistance programs at the federal level alone, 31 other low-income grant programs, and 11 low-income loan programs. The Congressional Research Service documented 73 separate antipoverty programs. Eighteen different congressional committees authorize and appropriate federal funds for these programs and 12 federal departments administer them.[1] Currently, there exists a perplexing web of social service agencies at the federal, state, and local levels, which act incongruently and operate using individual budgets, objectives, service guidelines and rules, and eligibility requirements. This "system" fails because it addresses the country's spectrum of social ills as individual phenomena instead of as interrelated pieces of a single mosaic.

Research has shown that our fragmented social services delivery system is so confusing and inaccessible that not only do the majority of eligible families not receive the benefits to which they are entitled, but many families are not even aware of the services available to them. The Center for Social Policy Studies at George Washington University has concluded that a low-income family from a county of roughly half a million persons would have to contend with no fewer than 18 separate organizations to reach all the sources of assistance for which it is eligible. Worse yet, our current social welfare delivery system does not attempt to create the foundations for self-sufficiency necessary for families to break the cycle of economic and social dependency.

While the critique of the current human services delivery system has been clearly and forcefully articulated, the programmatic response is still in the very early stages. Programs are developing that seek to address the flaws of the current system by offering a comprehensive array of services easily accessible to families that need them. One promising method for achieving this goal is interagency collaboration. The name we use here for this new type of program is Comprehensive Collaborative Services.

It is important to note that these programs are still in the early stages of development and, therefore, are not easily defined. The approaches they use to deliver services differ to a great extent. Some comprehensive programs may employ a case manager whose job is to work with individual families' entire range of needs. Others offer families a number of services such as childcare, job assistance, education, and health services at one site ("one-stop shopping"). Still others use interagency referrals, service teams, and assessment procedures to demystify the myriad of agencies providing services families need.

An Effective Approach to Serving Families

Delivering family support services within a comprehensive and collaborative framework can yield more effective results than can separate and uncoordinated services. The case for a comprehensive and collaborative approach to service delivery is based on the following tenets:

- Problems seldom occur one at a time. More often than not, a single economic or social problem is an indicator of overlapping and interrelated problems. For instance, chronic truancy in a teen may be related to delinquency, substance or child abuse—his or her own or that of a family member—or pregnancy. Comprehensive collaborative programs are designed to work with the entire family, address interrelated issues, and shape solutions to complex problems.
- Forging supportive relationships is at the heart of the comprehensive and collaborative process. Just as the family support worker and the participating family work together as partners, so too do personnel from different agencies. Partnerships build trust and increase self-confidence.
- Comprehensive Collaborative Services increase the efficiency and effectiveness of existing family services. They are based on the principle of sharing information and responsibility, and therefore:

  Interagency awareness is promoted which, in turn, allows the service deliverer to be more educated and sensitive to issues such as substance abuse, mental health, childrearing, etc. normally considered outside of his or her own agency's domain.

  Better monitoring mechanisms are developed, increasing service delivery effectiveness, and leading to more precise and efficient guidelines for future family service delivery.
- Collaborative bodies are empowered politically by virtue of their members' greater collective "clout".[2] Through collaboration, members learn where there are areas of duplication of services and where there are resource gaps. In addition, the new larger body, which has developed a consensus through collaborative efforts, is able to effectively lobby and advocate for family service programs.
- Comprehensive and collaborative programs empower both the individuals and families they serve. The family becomes a participant in the service delivery process and attains some control over the types of services provided and the manner in which they are received. The family achieves its greatest success when it is a partner in the process and not a mere recipient of prescribed services.
- Emphasis is placed upon sustained change for the family rather than temporary solutions. Additionally, effective service delivery extends beyond the provision of goods and services to helping nurture relationships between family members.
- Such programs are able to provide a comprehensive array of prevention, treatment, and support services beyond the capacity of a single agency.

[1] Levitan, *The Self-Sufficiency of Poor Families*, p. 3.

[2] Chang, H. *Fighting Fragmentation: Collaborative Efforts to Serve Children and Families in California's Counties*, p. 9.

COMPREHENSIVE AND COLLABORATIVE PROGRAM MODELS

MODEL 1: MID-IOWA COMMUNITY ACTION, INC. (MICA)

Established in the 1960's as part of Lyndon Johnson's War on Poverty, Mid-Iowa Community Action, Inc. (MICA)'s primary mission is to increase the capacity of families to rise out of poverty. MICA serves a mostly white population of 170,000 spread thinly over five counties in rural central Iowa.

Central to MICA is its Family Development Program which offers comprehensive, home-based family services designed to promote learning, growth, and development in individual family members. MICA works with local communities to promote inter-agency collaboration and cooperation, with the goal of developing a human resources system responsive to the needs of families. MICA is also actively engaged in efforts to change state and national policies on family based services. MICA's family development program was the model for the Iowa legislature's Family Development and Self-Sufficiency Program, a pilot project to assist long-term AFDC recipients in breaking their dependency on welfare.

MICA's Comprehensive Family Development Program services are delivered through five family development centers using case management specialists and a partnership arrangement with client families. MICA personnel assist the family in analyzing their current situation, assessing the strengths and weaknesses of the family, and, in concert with the family members, establishing goals for the future. MICA also facilitates the cooperation of families within the community in an effort to promote future growth and development.

MICA's family development process has successfully aided over 150 families to become economically self-sufficient. As a result of this record, the agency has been awarded several state and national demonstration projects, including the Comprehensive Child Development Program, a five-year project which evaluates the impact of family development services and early childhood intervention for families in poverty with an infant or a pregnant mother-to-be.

Other services coordinated through MICA include the Woman, Infants, and Children (WIC) Program, maternal and child health programs, Head Start, youth employment services, summer camp placement, home repair and weatherization, homeless services, at-risk student services, and education/advocacy services.

MODEL 2: DENVER FAMILY OPPORTUNITY PROGRAM

The Denver Family Opportunity Program (DFO) is a highly centralized, comprehensive service integration program which emerged from county-level welfare reform efforts. Founded in 1988, DFO serves the needs of the Denver welfare population by helping families move permanently from the welfare roll.

Key to DFO's success has been its use of case managers rather than "eligibility technicians" and its emphasis on families instead of individuals. DFO prefers to think of their work as investing in the family's long-term welfare as opposed to merely providing short-term subsidies. Central to its organizational philosophy is the need to facilitate access to a wide array of family services. The DFO gave rise to two interrelated models in Denver, Family Connections and GANNAS, which parallel the DFO in organizational structure and philosophy.

Through interagency arrangements and networks, the DFO provides its clients with a wide range of educational, health, mental health, employment training, housing, legal, transportation, day care, recreational, and other social services.

While the Denver Department of Social Services is the chief provider, more that 115 organizations are participants in the DFO. Most of the other participants are service agencies, with the remainder being foundations, private associations, and private sector groups.

MODEL 3: WALBRIDGE CARING COMMUNITY PROGRAM

The Walbridge Caring Community Program (WCCP), founded in 1988, is an initiative of four state agencies in collaboration with the St. Louis City Public Schools. Its mission is to provide integrated, comprehensive health and social services to the children and families of Walbridge Elementary School in St. Louis, Missouri and other neighborhood families. The community served numbers almost 29,000 people, is 85% African American, and contains 37% single parent households. The area is urban and must contend with poverty, violence, unemployment, and drugs. WCCP currently serves about 100 of the most at-risk families in the community.

WCCP is characterized by its strong family orientation. While its stated goals are to keep children in school and out of trouble with juvenile and law enforcement authorities and to avoid out-of-home child placement, the WCCP employs a holistic approach in serving Walbridge families. Family services are delivered by case managers working in partnership with the client family. These services include family counseling, counseling for substance abuse, tutoring for students, before- and after-school supervision, a youth center, health services, and pre-employment assistance. Services are generally delivered at the school or in the community.

A special feature of WCCP is its use of Afrocentric concepts in behavior-related programming. The philosophy of WCCP emphasizes "spirituality, self-identity, unity, non-violent conflict resolution, and ceremonies for youth connected to maturation."

WCCP's directors include parents, the school principal, school staff, community leaders, and agency representatives. Children and families in the community who do not have a child enrolled in Walbridge are eligible for some but not all of the services offered.

MODEL 4: TENNESSEE CARES: COMPREHENSIVE CHILD DEVELOPMENT PROGRAM

Tennessee Comprehensive Area Resource Efforts (CAREs) is one of 25 Comprehensive Child Development Projects located throughout the country. CAREs operates on the organizational philosophy that supporting the entire family and offering comprehensive and intensive services to families provides individuals with a better chance of achieving promising and self-sufficient futures. Through its work, CAREs aims to improve and influence future social systems and family policy legislation. CAREs is administered by Tennessee State University, is funded by the Administration for Children and Youth, and serves 60 program families in four rural west Tennessee counties.

CAREs operates five centrally-located family resource centers from which it delivers the program's services, hosts activities, and conducts weekly workshops. The centers are affiliated with the neighborhood schools. Each participant family receives a weekly 90-minute home visit by a CAREs caseworker. Available services include medical, dental, and prenatal care, adult education, parent education, vocational training, housing assistance, nutrition education, employment counseling, and early intervention for at-risk children.

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The CAREs Family Support Team is composed of advocates, a child development specialist, a parent educator/teacher, educational assistants, a family development specialist, a human resources specialist, and consultants.

MODEL 5: KENTUCKY INTEGRATED DELIVERY SYSTEM

The Kentucky Integrated Delivery System (KIDS) initiative began in 1988 as a collaborative venture between the State Department of Education and the Governor's Cabinet on Human Resources. It has since developed into a statewide school-based strategy to deliver intensive and comprehensive social services to families with children most likely to drop out of school. KIDS believes that the most effective way of helping the child is by addressing the needs of the family unit.

In one location, for example, KIDS in Owensboro, Kentucky serves the families of children who attend Estes Elementary school. The students come from low-income, mostly white families which are highly transient. Most of the families of Estes students live in public housing near the school. Owensboro is a small community where there has been close interagency cooperation and support for collaborative efforts.

Case management is central to the KIDS program. Case managers exercise a great deal of freedom in assessing family needs and in their dealings with agencies. The case manager and the home-school coordinator conduct home visits, serve as family counselors, and meet regularly with the child at Estes.

The KIDS staff includes the Estes principal, case managers, the home-school coordinator at Estes, and representatives from Head Start, the Department of Social Services, the Department of Employment Services, the district health department, the Housing Authority, substance abuse service centers, youth clubs, and community centers.

RESOURCE ORGANIZATIONS

Additional information and materials on Comprehensive Collaborative Services for families can be obtained from the following organizations:

The National Resource Center for Family Support Programs (NRC/FSP)
Family Resource Coalition
200 S. Michigan Avenue, Suite 1520
Chicago, IL 60604
312/341-0900 FAX 312/341-9361

The National Resource Center for Family Support Programs (NRC/FSP) was established to assure the availability of current knowledge in the field of family support on the design, development, and implementation of family support programs.

The NRC/FSP operates a computerized database to document and disseminate information on exemplary and innovative family support programs across the country.

The main services of the Center include the identification and development of resource materials for policy makers and practitioners (such as program descriptions, bibliographies, program development manuals, training curricula and monographs); and provision of technical assistance, training, and consultations in the area of family support program design and operations.

The Institute for Educational Leadership (IEL)
1001 Connecticut Avenue, N.W., Suite 310
Washington, D.C. 20036
202/822-8405 FAX 202/872-4050

IEL is a not-for-profit agency which works with school boards, advocacy groups, foundations, and corporations in facilitating collaborative efforts to create efficient service delivery and public policy for children and families. The agency also sponsors research and provides information in the field of child development.

The Institute holds an annual symposium sponsored by the A.L. Mailman Foundation focusing on early childhood education, early intervention, and family support.

Martin J. Blank, the Director of Community-Based Services Integration Strategies at IEL, has recently co-authored *What It Takes: Structuring Interagency Partnerships to Connect Children and Families With Comprehensive Services*, through the Education and Human Resources Consortium's Series on Collaboration. The Consortium has also published *Thinking Collaboratively: Ten Questions and Answers to Help Policy Makers Improve Children's Services*, which discusses how local collaboration benefits children and families.

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The National Center for Service Integration seeks to improve life outcomes for families through the creative integration of education, health, and other human services. It was designed with the intent of complementing other family service information centers.

The organization's information clearinghouse collects and organizes comprehensive service literature, develops and maintains directories of relevant programs, and hosts meetings and conferences. The technical assistance division develops policy briefs and other materials for social service providers and assists organizations and communities with the technical aspects of service integration.

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